

APPLICATION FOR CONTINUING EDUCATION APPROVAL

SPONSORING INFORMATION

Sponsoring Organization: _____

Address: _____

Program Coordinator/Contact Person: _____

Phone: _____ E-Mail Address: _____

PROGRAM INFORMATION

Title of Program:

Hours Requested (per program & total):

Location:

Date(s):

Time(s):

METHOD OF MONITORING ATTENDANCE

____ Certificate of Attendance
____ Session Participation Form

ITEMS ATTACHED

____ Program Description/Outline
____ Speaker Info/Board Certified Credentials
____ Program Brochure

For Official Use Only

Approved: ____ Yes ____ NO

Hours Approved: _____

Approval Date: _____

Comments: